

UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 1.53(b))</i>	Attorney Docket No.	37505.0268
	First Inventor	Syracuse et al.
	Title	Discharge Methodologies For Optimizing The Performance Of Lithium/Silver Vanadium Oxide Cells
	Express Mail Label No.	EU474894324US

APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents</i>	ADDRESS TO: Commissioner for Patents Box Patent Application Alexandria, VA 22313-1450
-----------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------

1. <input checked="" type="checkbox"/> Fee Transmittal Form <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. See CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages <u>28</u>] <i>(preferred arrangement set forth below)</i> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R&D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets <u>4</u>] 5. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages <u>3</u>] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i> 8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

ACCOMPANYING APPLICATION PARTS 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent 17. <input checked="" type="checkbox"/> Other: Credit Card Forms for \$40.00 and \$750.00

18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of the prior application No: /
 Prior application information: Examiner: _____ Group/Art Unit: _____
 For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		33751		or <input type="checkbox"/> Correspondence address below	
NAME		Michael F. Scalise			
		Wilson Greatbatch Technologies, Inc.			
ADDRESS		10,000 Wehrle Drive			
CITY	Clarence	STATE	New York	ZIP CODE	14031
COUNTRY	USA	TELEPHONE	(716) 759-5810	FAX	(716) 759-5074
Name (Print/Type)	Michael F. Scalise		Registration No. (Attorney/Agent)		34,920
Signature	<i>Michael F. Scalise</i>		Date		September 9, 2003

"Express Mail" Mailing Label Number EU474894324US Date of Deposit September 9, 2003
 I hereby Certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, Alexandria, VA 22313-1450.

Rosemarie Contella
 Name

Rosemarie Contella
 Signature

22306 U.S. PTO
 10/65871
 09/09/03

PTO/SB/17 (11/01) Approved for use through 10/31/2002, OMB 0651-0032 FEE TRANSMITTAL for FY 2002 <i>Patent Fees are subject to annual revision.</i>				Application Number			
				Filing Date		September 9, 2003	
				First Named Inventor		Syracuse, et al.	
				Examiner Name			
				Group/Art Unit			
G Applicant claims small entity status. See 37 CFR 1.27.				Attorney Docket Number		37505.0268	
TOTAL AMOUNT OF PAYMENT		(\$)790.00					

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None Deposit Account: Deposit Account Number: <u>502460</u> Deposit Account Name: _____ The Commissioner is hereby authorized to (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Charge any fee deficiencies or credit any overpayments <input type="checkbox"/> Charge any additional fees during pendency of this application. <input type="checkbox"/> Charge fees indicated below, except for the filing fee to the above-identified deposit account				3. ADDITIONAL FEES							
				Large Entity		Small Entity					
				Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid		
				105	130	205	65	Surcharge - late filing fee or oath	\$		
				127	50	227	25	Surcharge - late provisional filing fee or cover sheet	\$		
				139	130	139	130	Non-English specification	\$		
FEE CALCULATION				147	2,520	147	2,520	For filing a request for <i>ex parte</i> reexamination	\$		
1. BASIC FILING FEE				112	920*	112	920*	Requesting Publication of SIR prior to Examiner Action	\$		
Large Entity Small Entity				113	1,840*	113	1,840*	Requesting Publication of SIR after Examiner Action	\$		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid						
101	750	201	375	Utility filing fee	\$750	115	110	215	55	Extension for reply within first month	\$
106	330	206	165	Design filing fee	\$	116	410	216	205	Extension for reply within second month	\$
107	520	207	260	Plant filing fee	\$	117	930	217	465	Extension for reply within third month	\$
108	750	208	375	Reissue filing fee	\$	118	1,450	218	725	Extension for reply within fourth month	\$
114	160	214	80	Provisional filing fee	\$	128	1,970	228	985	Extension for reply within fifth month	\$
SUBTOTAL (1)				119	320	219	160	Notice of Appeal	\$		
2. EXTRA CLAIM FEES FOR UTILITY/ REISSUE				120	320	220	160	Filing a brief in support of an appeal	\$		
Extra Fee from				121	280	221	140	Request for oral hearing	\$		
Claims below				138	1,510	138	1,510	Petition to institute a public use proceeding	\$		
Total Claims /17/ - 20** = /0/ x / / =				140	110	240	55	Petition to revive - unavoidable	\$		
Independent Claims /2/ - 3** = /0/ x / / =				141	1,300	241	650	Petition to revive - unintentional	\$		
Multiple dependent / / x / / =				142	1,300	242	650	10 advance copies	\$		
Large Entity Small Entity				143	470	243	235	Utility issue fee (or reissue)	\$		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description		144	630	244	315	Design issue fee	\$
103	18	203	9	Claims in excess of 20		146	750	246	375	Plant issue fee	\$
102	84	202	42	Independent claims in excess of 3		122	130	122	130	Petitions to the Commissioner	\$
104	280	204	140	Multiple dependent claim if not paid		123	50	123	50	Processing fee under 37 CFR 1.17(q)	\$
109	84	209	42	**Reissue independent claims over original patent		126	180	126	180	Submission of Information Disclosure Statement	\$
110	18	210	9	**Reissue claims in excess of 20 and over original patent		581	40	581	40	Recording each patent assignment per property (times number of properties)	\$40
SUBTOTAL (2)				\$		149	750	249	375	Filing a submission after final rejection(37 CFR 1.129(a))	\$
SIGNATURE: <i>Michael F. Scalise</i>						147	900	169	900	Request For Continued Examination (RCE)	\$
Michael F. Scalise Reg. No. 34,920						Other fee (specify) _____					\$
DATE: September 9, 2003 Telephone: (716) 759-5810						*Reduced by basic filing fee paid					
				SUBTOTAL (3)					\$40		

Express Mail Mailing Label Number EU474894324US

Date of Deposit September 9, 2003

I hereby Certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office To Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to: Commissioner for Patents, Alexandria, VA 22313-1450.

Rosemarie Contella
Name

Rosemarie Contella
Signature

September 9, 2003
Date of Signature